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PTO/SB/50 (4/98)

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REISSUE PATENT APPLICATION TRANSMITTAL

				Α	ttomey Docket No.	DS	D9353-RE			
Address t	to:				irst Named Inventor	Ma	Mark S. Zediker			
			er for Patents	C	riginal Patent Number	5,7	5,715,270			
		nt Application ton, DC 20231	İ	C	Original Patent Issue Date (Month/Day/Year) February 3, 1998					
				E	xpress Mail Label No.					
APPLICATION FOR REISSUE OF: (check applicable box) X Utility Patent Design Patent Plant										
APP	LICATION E	LEMENTS			ACCOMPANYING	API	PLICATION PARTS			
1 1 IY Y 1		Form (PTO/SB/56 and a duplicate for fe	•	7.	Foreign Priority C (if applicable)	laim (3	35 U.S.C. 119)			
2. XX 5	Specification and Claims (amended, if appropriate) 8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations									
3. XX (Drawing(s) (proposed amendments, if appropriate) 9. English Translation of Reissue Oath/Declaration									
	Reissue Oath / Declaration (original or copy) (if applicable) Small Entity Statement filed in prior application Status still proper and desired									
_	I U.S. Patent	r Original Potent /	97.CED & 1.170\	11.	(PTO/SB/09-12) Preliminary Amen					
(PTO/SB/53 or PTO/SB/54)										
or	or Ribboned Original Patent Grant 12. XX Return Receipt Postcard (MPEP 503) (Should be specifically itemized)									
	Affidavit / Declaration of Loss (PTO/SB/55) 13. XX Other: Request to Transfer Drawings									
6. Original U.S. Patent currently assigned?										
XX Yes No										
(If Yes, c	heck applicable box	((es))			***************************************					
Written Consent of all Assignees (PTO/SB/53 or 54) Whiten Consent of all Assignees (PTO/SB/53 or 54) Whiten Consent of all Assignees (PTO/SB/53 or 54) Whiten Consent of all Assignees (PTO/SB/53 or 54)										
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14. CORRESPONDENCE ADDRESS										
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Name	Westerlund	& Powell, P.C.								
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City	City Alexandria State Virginia Zip Code 22314									
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NAME										
NAME	(Print/Type)	Ramon R. Ho	och		Registration No. (Attorney/A	gent)	34,108			

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Floch

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Patent	Claims as Filed - Part 1											
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Total Additional Fee \$ OR \$ * If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancelation of claims **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No A check in the amount of \$ to cover the filing / additional fee is enclosed.	(37 CFR 1.16(j))		MINUS			•	x \$=		25	x \$=		
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims *** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No A check in the amount of \$ to cover the filing / additional fee is enclosed.		I .	MINUS	****		=	x \$=		01	x \$=		
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancelation of claims **** After any cancelation of claims **** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing / additional fee is enclosed.							Fee	\$		OR	\$	
February 3, 2000 Date Signature of Applicant, Attorney or Agent-of-Record- Ramon R. Hoch (Reg. No. 34,108) Typed or printed name												